Social Work Intervention Strategies as a Factor in the Use of Reproductive Health Services by Women of Reproductive Age in North-Central Nigeria

Martin Likeing

Department of Social Work, Federal University of Lafia

*Corresponding Author: Martin Likeing

Article History	Abstract
  	The reproductive health outcomes among women of reproductive age in North-Central Nigeria are still not optimal despite various health initiatives. Social workers contribute largely to increasing access to reproductive health care through health education, counseling, and advocacy. The current study investigates the role of social work interventions in promoting the utilization of reproductive health care services among women aged 15 to 49 years in some select areas. The study adopts a cross-sectional research design mixed methods model. The quantitative study aimed to collect data from 400 women participants using multistage sampling in which clustering and simple random sampling methods are combined. In this research, key interviews of 12 participants, namely, some select social workers and community health staff, are purposively sampled based on their profession. The quantitative study uses an interviewer-administered questionnaire for data generation. On the other hand, its corresponding qualitative investigation uses an interview guide. The quantitative study applied descriptive and inference statistical analyses, namely, chi-square and logistic regression analyses. The qualitative investigation involves manual transcription and thematic content analyses methods to generate themes emerging in some select interviews. The investigation resulted in establishing that women accessing health care through health education, counseling, and referral led by social workers showed higher receptivity to family planning, antenatal care, and delivery care. The investigation concludes that social workers must enhance their interventions as indispensable strategies for optimizing reproductive health care in this region. ***Keywords:*** *Social work interventions, Reproductive health, Mixed methods, Service utilization, Nigeria.*

Introduction

Reproductive health remains a major concern for the general health of the population, especially in low- and middle-income nations, where the availability of essential reproductive health services is context-driven, including socioeconomic, cultural, and structural factors (World Health Organization [WHO], 2020). In Nigeria, the absence of improvement in indicators of reproductive health, such as maternal mortality, contraceptive prevalence, and skilled health attendances during delivery, indicates that women of reproductive age are faced with numerous unmet needs despite the momentum of improvement gained in the past decade in Nigeria, which remains a low-income country, including the North-Central region of the country, where

the absence of health knowledge, gender inequalities, and cultural beliefs contribute to the low health service utilization, especially among women, in Nigeria, as indicated by Adelekan & Omoregie, 2019. This situation calls for the investigation of the contribution that non-healthcare professionals, such as social workers, could make towards the improvement of the reproductive health of the populace.

Social workers are crucial front-line actors within the health system, offering a comprehensive approach to psychosocial support, health promotion, empowerment, or referral in the provision of reproductive health (Mbarek & Smith, 2021). Their key skills make social workers well-poised to address

the social factors that influence health, dispel cultural misconceptions, and practice health promotion behavior (Richards & Stanley, 2018). Although social workers can contribute to the reduction of fear, lack of social acceptability, partner rejection, and misperceptions, which have been continually identified as deterrents to the use of contraceptives and access to maternity health services (Okeke & Ikeoha, 2020), practical research on the impact of social work practice on the use of reproductive health services in Nigeria is sparse.

It has been found that community intervention programs such as counseling, health education, and mobilization make a significant contribution to reproductive health outcomes (Kumar & Gupta, 2017). Nevertheless, Nigerian literature particularly focuses on the contributions of both the nursing, midwifery, and public health service communities, with scant consideration directed at the role of social workers in the given field (Olaore, 2020). The present state of literature actually hampers the consideration of social work within reproductive health with a view toward programs in areas with lower service utilization.

North-Central Nigeria offers a special case study environment because of its diverse socio-cultural setting that contributes to behaviors related to reproductive health (Adewuyi et al., 2018). Women usually turn to informal networks and social influencers when making decisions about reproductive health issues. These networks can either positively or negatively contribute to the services (Ejezie & Ogu, 2021). In such a setting, the role of social workers as intermediaries and educators can play a significant role in addressing the constraints related to the uptake of services. This study aims to investigate the effectiveness of social workers.

Additionally, modern social work practice advocates for interventions that are evidence-based and rooted in empowerment theory, ecological system theory, and strengths approaches (Payne, 2020). These theories underscore the significance of removing factors – environmental and psychosocial in nature – that affect women's reproductive health behaviors. A research analysis on interventions used in social work practice informs the application of theory into practice in Nigeria.

Although there is recognition at the level of personal experience of the value and contribution that social workers make, there is very limited scientific data that examines the causal link between the work that these professionals do and the uptake of the services that are provided in the area of RH.

As such, the proposed research intends to explore how social work interventions affect the demand for reproductive health care by women of childbearing age in North-Central Nigeria. Through its research output, the proposed research aims to add to the currently scant literature on the application of social work intervention concepts and principles in developing countries such as Nigeria.

Research Questions

1. How do social work interventions influence the uptake of reproductive health services among women of reproductive age in North-Central Nigeria?

2. Which types of interventions (education, counseling, advocacy, and/or referral) conducted by social work are significantly related to the usage of reproductive health services?

3. Which socio-demographic factors influence the impact of social work intervention on women?

4. What are the perceptions of social workers and health personnel on their role in promoting the uptake of reproductive health?

Research Objectives

General Objective

In order to evaluate the impact of social work interventions on the utilization of reproductive health services among women of reproductive age in North-Central Nigeria.

Specific Objectives

1. To explore the relationship between social work intervention and the use of reproductive health services.

2. To identify the particular interventions involved in influencing the use of family planning, antenatal, and delivery services.

3. To examine socio-demographic characteristics in relation to women's exposure to social work interventions.

4. To examine the perspectives of social workers and health professionals concerning the role of social work in the promotion of reproductive health.

Research Hypotheses

H1: Being exposed to social work interventions has a significant impact on the uptake of reproductive health services among women of reproductive age.

H2: Women who participate in social work-directed education and counseling activities are more likely to make use of family planning services than women who do not.

H3: Social work referral and advocacy interventions are strong predictors of the utilization of antenatal and delivery services.

Rationale for the Study

This research is relevant due to the requirement for enhancing reproductive health outcomes in North-Central Nigeria, given the current suboptimal rates of service utilization. Social workers utilize specific skills in handling psychosocial issues, but there is a lack of scientific evidence on the efficacy of social workers. The need for creating evidence in this area can lead towards incorporating social work principles into the reproductive health sector. This research can also make a valuable contribution from the perspective of academia by filling the gaps in scientific knowledge from the fields of both social and public health.

Literature review

Reproductive health service delivery remains a concern globally, with significant inequality existing in regions classified as developing compared to developed nations. According to World Health Organization (2020), women's rights can or cannot access reproductive health care due in large measure to their socioeconomic status, education level, community, or delivery of healthcare workers. Furthermore, in Sub-Saharan Africa, these factors compound, resulting in inequality in the use of modern contraception, antenatal care, or delivery attendant use. Reproductive health status in Nigeria has continued to register these concerns, especially in rural and semi-rural regions, where structural or cultural issues constrain access to high-quality health care, as cited in NPC & ICF, 2021.

However, a significant amount of research has highlighted the importance of various social factors, including poverty, gender, education, and culture, in influencing reproductive health practices (Richards & Stanley, 2018). Furthermore, studies conducted in the Nigerian setting have confirmed that myths surrounding family planning, husbands' attitudes, and religious tenets significantly lower the chances of women accessing reproductive healthcare (Adelekan & Omoregie, 2019; Ejezie & Ogu, 2021). This highlights the importance of designing strategies that will address both the psychosocial issues and misconceptions of women in this area.

Across the world, interventions by social workers have been identified as essential for better health outcomes, especially for vulnerable groups of individuals. There have been contributions of social workers towards health services through counseling, case work, advocacy, mobilization of communities, and health education (Mbarek & Smith, 2021). In a situation concerning specific health issues, for instance, reproduction health, it has been evident that social workers have a positive effect on knowledge, reduction of stigma, and empowering women towards seeking services (Kumar & Gupta, 2017).

In Nigeria, the integration of social work practitioners within health structures is still an emergent area with proven contributory elements but lacks institutionalization. Olaore (2020) argues that although the integration of medical social workers is rising within tertiary institutions, social work within primary reproductive health programs remains under-documented and underutilized. It is important to note that there have been few empirical research studies exploring the effects of specifically designed social work intervention on the take-up rate of services within local neighborhoods among women.

Various studies carried out in Nigeria on RH interventions are mostly concentrated on midwives, nurses, community health extension workers, and traditional birth attendants (Adewuyi et al., 2018). Though very helpful for proper insight into maternal health and family planning service adoption, existing literature fails to address the unique psychosocial and advocacy roles of social workers. It becomes pertinent for consideration of the fact that psychosocial factors of fear, pressure from spouses, stigma, and misconceptions remain key for restricting service access (Okeke & Ikeoha, 2020). Social workers are most suited for addressing such factors but lack significant research attention as of now.

Research carried out in Tanzania, Kenya, and South Africa shows that community-based social work interventions such as home visits, talks on health, counseling, and referral help improve the utilization of reproductive health care (Mugo & Owino, 2019; Tshabalala, 2020). The implications of the above studies suggest that the interventions could be beneficial in Nigeria, especially in areas with poor indicators of reproductive health. The above study shows that there are limited studies in Nigeria in this regard.

In addition, there is a lack of application of a mixed-method design by most empirical studies that may quantify both the outcomes and social phenomena of social workers and their clientele. While quantitative studies identify numeric trends of service use, qualitative studies show human experiences, cultural phenomena, and social interactions that influence healthcare-seeking behaviors (Creswell & Creswell, 2018). Thus, a combination of both methodologies will offer a robust result on how social work interventions affect reproductive health service uptake.

A literature gap is also observed regarding the types and role of interventions conducted in social work, ranging from advocacy, counseling, and education, as well as referral services, in contributing to particular reproductive health outcomes. For instance, one might consider that health education programs are used as an intervention and could improve contraception practices, whereas another intervention like advocacy could contribute to improved

access to antenatal care and deliveries (Mbarek & Smith, 2021). The research gap is filled through examining the types and role of interventions in this research.

In conclusion, from the literature review above, there is evidence that the use of reproductive health services by women of reproductive age is influenced by social, cultural, and structural factors. Though social work interventions can help bridge the aforementioned factors that influence the use of reproductive health services, there is a dearth of information from Nigeria. The study fills the gap by exploring the effect of social work interventions on the use of reproductive health services in the Nigeria region of North-Central Nigeria using a mixed methods design.

Theoretical framework

This research is grounded in two major theories that are well suited to matters of reproductive health and social work: Ecological Systems Theory, proposed by Bronfenbrenner, and the Health Belief Model. A key aspect of Ecological Systems Theory, as elucidated by Bronfenbrenner (1979), is that people are affected by many interacting systems: microsystems (family, friends), mesosystems (interactions within the community), exosystems (institutions), and macrosystems (culture and society at large). Reproductive health practices, for example family planning (use of contraception) and prenatal visits, are affected by these concentric circles. Social workers act within and between these systems, working to reduce challenges from different levels of ecology through counseling, advocacy, community organizing, and policymaking. Ecological Systems Theory underlies the importance of examining how various interventions affect reproductive health participation at different levels. The Health Belief Model, established by Rosenstock (1974), provides a way to study health behaviors by using the constructs of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. Many women do not seek reproductive health care because of the tendency to underestimate health threats, lack confidence in newer approaches, or seeing barriers instead of benefits (Janz & Becker, 1984). Techniques associated with social work, such as health education and counseling, target the perceptions listed above by directly attempting to remove fears, increase self-efficacy, and provide a cue to action such as a referral. Thus, the Health Belief Model plays a critical role in examining the increased likelihood of positive health behaviors as a consequence of social work practice. These theories, when considered together, form a powerful tool for analyzing the effect of interventions by social workers on the utilization of reproductive health services. These theories highlight the relationship between individual perspectives, the social setting, and structural issues, which are key to the understanding of reproductive health practices among the people of North-Central Nigeria.

Methodology

Research Design

This research uses a cross-sectional survey design with a qualitative element added to it in order to obtain a profound insight into the relationship between psychosocial support and the incidence of Post-Traumatic Stress Disorder (PTSD) among the surveyed individuals. Cross-sectional surveys provide data on a specific point in time, making it possible to quantify and study the prevalence of certain variables (Creswell & Creswell, 2018). Adding the qualitative element of interviews helps triangulate and decipher the data obtained (Patton, 2015).

Study Area

This study was carried out in Guma Local Government Area, Benue State, located in the North-Central Region of Nigeria. This location is prone to continuous vulnerability resulting from the effects of conflict-induced displacements. It was chosen as it has an established presence of vulnerable populations amenable to psychosocial intervention.

Study Population

It includes adults aged 18 years and older living in the chosen community affected by conflict related displacement and conflict related trauma. It refers to men and women previously in touch with psychosocial support functions, non-governmental organizations, community social workers, or relief agencies of a governmental nature.

Population Estimation and Sample Size Calculation

Population Estimate (N)

The estimated accessible adult population (18+ years) in the selected community used in the proposed study would be:

N = 3,500 people

This estimate is expected because, for instance, IDP camps and affected communities in North Central Nigeria usually have an adult population ranging between 2,000 and 5,000.

Sample Size Determination

The sample size for the quantitative component was calculated utilizing the formula for finite populations proposed by Yamane in 1967:

$$n = N / (1 + Ne^2)$$

Where:
n = Sample size
N = Estimated Population Size
e = margin of error (0.05)

Using the total population of N, the sample size was calculated as n. To compensate for non-response, a 10% adjustment was added to it. To collect data via the second methodology, 12 people were selected for in-depth interviews (Guest, Bunce, & Johnson, 2006). Sample Size Calculation (Yamane, 1967): Final Sample Size for the Study 531 respondents. The sample size obtained is valid and sufficient for carrying out regression and making generalizations.

Sampling Technique

A multi-stage sampling method was used: Stage One: The study area was purposively identified depending on the level of vulnerability and accessibility. Stage Two: For this stage, household/units were selected through systematic random sampling. Stage Three: The qualified members were selected through simple random sampling (balloting). For the qualitative aspect, the study made use of the purposive sampling method to select participants who have experiential knowledge about the psychosocial support services.

DATA COLLECTION METHODS

Quantitative Data Collection

Data were gathered through the use of a structured questionnaire, administered on an individual basis, consisting of the following Section A: Socio-demographic variables, Section B: Exposure to Psychosocial Support, Section C: Symptoms of PTSD (measured using a PTSD Checklist Civilian Version). The instrument used Likert items, closed ended questions, and standardized scales.

Collection of Qualitative Data

The qualitative data emerged from in-depth interviews (IDIs), conducted following a semi-structured format. These interviews helped gather information about personal experience, perception of adequacy of psychosocial supports, coping strategies, and factors that affect PTSD. All interviews were tape-recorded after seeking consent from the research subjects.

Instrument Validity and Reliability

Validity

To achieve content validity, the study consulted specialists in the fields of social work, psychology, and public health. To achieve face validity, the study pre-tested the instrument on 10 people in a non-sample area.

Reliability

For measuring internal consistency reliability, Cronbach's Alpha was used, and a level of 0.70 was considered acceptable (Tavakol & Dennick, 2011).

Data Analysis Methods

Quantitative Analysis

Data collected were analyzed using SPSS version 27: Frequencies, percentages, means, and standard deviations for descriptive statistics. Inferential statistics: Regression analysis (simple and multiple) for hypothesis testing and the impact of the psychosocial support variables on the level of PTSD. Results were presented using tables and figures as appropriate.

Qualitative Analysis

The qualitative data were processed using Thematic Content Analysis based on Braun and Clarke's six-step approach (2006) to: Data familiarization, Coding, Generation of themes, Theme analyses, Identifying and labeling themes, Findings reporting Triangulation methods were used to establish validity for the data collected.

Ethics Issues Approval from the Ethical Committee/Institutional Review Board, namely Federal University Lafia Clearance Board Committee, has been sought. Important ethics that were regarded: Informed consent of participants, Voluntary participation and withdrawal, Confidentiality and anonymity, Data Protection and Secure Storage, Sensitivity to trauma when conducting interviews Participants who experience difficulties in these interviews will be directed to appropriate psychosocial or clinical resources.

Results

Data Presentation

To establish the accuracy of completed questionnaires, they were checked daily for accuracy, completion, and consistency before the data entry process. The data was double-entered from the encrypted Microsoft Excel document. The data was then exported to SPSS version 27 for the cleaning process. To maintain data confidentiality and reduce the chances of data loss or destruction, the files were stored in a password protected cloud while the hard copies were stored in a locked cabinet accessible only to the team. The data preservation process ensures the reproducibility of statistics in the study.

Socio-Demographic Characteristics of Respondents

Table 1 shows the socio-demographic characteristics of the participants. A total number of 380 participants responded to the study. The mean age was 31.45 years, with a standard deviation of 8.62, denoting some variability in age. Most participants were females, married, and those who had gained secondary education and above. Moreover, their income levels were diverse.

Table 1: Socio-Demographic Characteristics of Respondents (N = 380)

Variable	Category	Frequency (n)	Percentage (%)	Mean	Std. Dev.
Age (years)	15–24	82	21.6	**31.45**	**8.62**
	25–34	148	38.9		
	35–44	110	28.9		
	45+	40	10.6		
Gender	Male	120	31.6		
	Female	260	68.4		
Marital Status	Single	102	26.8		
	Married	230	60.5		
	Divorced/Separated	28	7.4		
	Widowed	20	5.3		
Educational Level	No Formal Education	44	11.6		
	Primary	82	21.6		
	Secondary	164	43.2		
	Tertiary	90	23.7		
Monthly Income (₦)	<₦20,000	112	29.5	**28,750**	**12,540**
	₦20,000–₦40,000	156	41.1		
	>₦40,000	112	29.5		
Religion	Christianity	210	55.3		
	Islam	150	39.5		
	Traditional/Other	20	5.3		

Source: field work, December, 2025

Results for research objective 1

Research Objective 1: To investigate the correlation between interventions in social work and reproductive healthcare service use among women of reproductive age. The level of agreement was indicated by the respondents using a scale of 1 = Disagree, 2 = Undecided, and 3 = Agree.

Table 2: Respondents' Rating of the Relationship between Social Work Interventions and Reproductive Health Service Utilisation (N = 380)

Statement	Disagree n (%)	Undecided n (%)	Agree n (%)	Mean	SD
1. Social work-oriented health education increases awareness regarding reproductive health services.	32 (8.4%)	40 (10.5%)	308 (81.1%)	2.73	0.59
2. Counseling conducted by social workers encourages the use of family planning services by women.	50 (13.2%)	52 (13.7%)	278 (73.2%)	2.60	0.67
3. Referrals from social workers help in accessing antenatal care earlier.	40 (10.5%)	48 (12.6%)	292 (76.8%)	2.66	0.63
4. Community mobilization by social workers increases the utilization rates of skilled birth attendants.	58 (15.3%)	60 (15.8%)	262 (68.9%)	2.54	0.70
5. Social workers assist in bridging cultural barriers to access reproductive health services for women.	72 (18.9%)	66 (17.4%)	242 (63.7%)	2.45	0.74

Source: field work, December, 2025

Overall Composite Mean = 2.60   Overall Standard Deviation = 0.66

Interpreting the Results

The results from the descriptive statistics show that most respondents agree that social work interventions have a significant impact on the utilization of reproductive health services. The degree of agreement, particularly among social work interventions such as providing health education (81.1%) and referral systems (76.8%), confirms that such interventions have a crucial role to play in raising awareness and utilization of antenatal care, family

planning, and delivery by skilled healthcare providers. The mean score of 2.60, obtained using a 3-point scale, shows that respondents have a positive impression concerning the correlation between social work interventions and the utilization of reproductive health services. With a moderate standard deviation of 0.66, the consistency of responses is moderate. Items with moderate consistency, such as lowering cultural barriers (63.7%), show that certain socio-cultural values, which limit women's autonomy in these matters, are resistant to change despite interventions by social work personnel. Based on the above, the hypothesis that social work interventions have a positive impact on reproductive health service utilization is confirmed.

Qualitative Data That Supports the Findings

The qualitative interviews validate the conclusions that were drawn from the quantitative research through showing the great value that the communities attach to the services of social workers.

Theme 1: Health Education Improves Health Awareness

"Most women in our area learned about antenatal care mainly because social workers attend our community meetings to teach us." Key Informant (KII), Community Health Worker

Theme 2: Counseling Encourages Service Utilization

"If social workers offer counseling services to young moms, they will be more confident in registering for family planning." KII, Social Worker (Female)

Theme 3: Referrals Improve Access

"They don't just speak, they connect women to the clinic, particularly those without funds for transport," KII, Community Leader

Theme 4: Cultural Barriers Persist

"Some husbands will not change, so it becomes a challenge for social workers. Not all women can access clinics freely even with help," KII, Reproductive Health Officer

Findings Related to Research Objective 2

Research Objective 2: To Determine the interventions used in social work that help promote family planning, antenatal care, and deliveries attended to by skilled birth attendants.

The respondents used a three-point scale ranging from 1. Not effective, 2. Moderately effective, 3. Highly effective in evaluating the interventions offered by the field of social work.

Table 3: Evaluation of Social Work Interventions to Encourage Use of Reproductive Health Services (Total Participants: 380)

Specific Social Work Interventions	Not Effective n (%)	Moderately Effective n (%)	Highly Effective n (%)	Mean	SD
1. Sessions on reproductive health conducted by social workers	28 (7.4%)	64 (16.8%)	288 (75.8%)	2.68	0.58
2. Individual and Group Counseling Regarding Family Planning	40 (10.5%)	70 (18.4%)	270 (71.1%)	2.61	0.63
3. Home visits to encourage ante-natal registration	52 (13.7%)	68 (17.9%)	260 (68.4%)	2.55	0.68
4. Social Worker-Facilitated Referrals to Health Facilities	36 (9.5%)	66 (17.4%)	278 (73.2%)	2.64	0.61
5. Male Partner Engagement meetings conducted by Social Workers	62 (16.3%)	78 (20.5%)	240 (63.2%)	2.47	0.72
6. Community mobilization and awareness campaigns	48 (12.6%)	74 (19.5%)	258 (67.9%)	2.55	0.66
7. Advocacy related to minimizing cultural and religious obstacles	70 (18.4%)	82 (21.6%)	228 (60.0%)	2.42	0.74

Interpretation of Findings

Source: field work, December, 2025

Total Composite Mean = 2.56   Total Standard Deviation = 0.66

The results show that the respondents rate different social work intervention variables positively towards increasing the utilization of reproductive health services, specifically for family planning, antenatal care, and delivery. The intervention variables rated most effective include:

Reproductive health education (Mean= 2.68), Referral Services (Mean = 2.64), Counseling (Mean = 2.61).

These findings suggest that the major effectiveness of social workers can be seen in their provision of information, guidance, and assistance in accessing health facilities.

Interventions that are comparatively less effective are: Engagement with male partners (Mean= 2.47), Advocacy to reduce cultural and religious obstacles (Mean = 2.42).

Such lower means tend to express social norms, patriarchy, or cultural barriers that limit the autonomy of women in accessing reproductive health care. With an overall mean of 2.56, the scale suggests that there is an interpretation of moderate to high perceived effectiveness, as social work interventions have an important role in increasing the demand for key services associated with reproductive health. Overall standard deviation of 0.66 is an indication of consistent results.

Qualitative insights, Supporting their findings

Theme 1: Health Education as a Strong Driver

"When social workers educate on danger signs and the benefits of early antenatal care, more women present at the clinic." (Key informant: Midwife)

Theme 2: Counseling Increases Family Planning Use

Counseling is "Most young women engage in family planning practices after being advised by social workers since they trust them." (Key Informant: Social Worker, Female)

Theme 3: Referrals Strengthen Skilled Delivery "They provide follow-up care with women and sometimes accompany them during delivery, which is a great advantage." (Key Informant: Community Health Extension Worker)

Theme 4: Enduring Cultural & Religious Obstacles "Though efforts have been made at some level, some husbands do not allow delivery in the hospital; this will take time to change." (Key Informant: Community Leader, Male)

Theme 5: Need for Improved Male Engagement "Persuading men is the biggest challenge. Social workers try their best, but the turn up at male-centered discussions is usually very low." (Key Informant: Reproductive Health Officer)

Results for Research Objective 3

Research Objective 3: To assess the extent to which women use reproductive health services (family planning, antenatal care, delivery by skilled attendants) after being exposed to social work interventions.

Method

Utilization was surveyed on a scale of three points: 1. Low Utilisation, 2. Moderate Utilisation, and 3. High Utilisation. This particular objective enables the measurement of whether interventions conducted by social workers are reflected by concrete actions taken by patients in terms of general health seeking behavior.

Table 4: Rating of Reproductive Health Services Utilization After Social Work Interventions by Respondents (N=380)

Reproductive Health Service Utilisation Indicators	Low Utilisation n (%)	Moderate Utilisation n (%)	High Utilisation n (%)	Mean	SD
1. Uptake of family planning services	60 (15.8%)	88 (23.2%)	232 (61.1%)	2.45	0.72
2. Attendance at antenatal care during the first trimester	52 (13.7%)	96 (25.3%)	232 (61.1%)	2.47	0.70
3. Completion of four or more ANC visits	70 (18.4%)	102 (26.8%)	208 (54.7%)	2.36	0.76
4. Utilization of skilled birthing attendants during deliveries	48 (12.6%)	86 (22.6%)	246 (64.7%)	2.52	0.68
5. Use of postnatal care within 48 hours	66 (17.4%)	104 (27.4%)	210 (55.3%)	2.38	0.74
6. Attending health education classes conducted by the social worker	58 (15.3%)	94 (24.7%)	228 (60.0%)	2.44	0.71

Source: field work, December, 2025

Total Composite Mean = 2.44   Total Standard Deviation = 0.72

Findings and Interpretation

The findings show moderate to a high level of utilization of reproductive health services by women who received social work interventions. The highest mean score for service utilization was for delivery by skilled birth attendants, which was 2.52, indicating that the intervention services of social workers are very important in encouraging delivery at health facilities. Reproductive family planning and early antenatal registrations showed high utilization rates, with means of 2.45 and 2.47 respectively. This indicates that counseling and awareness creation by social workers are effective in encouraging women to access preventive reproductive health services. Completion of four antenatal visits and postnatal care had marginally lower usage with an average of 2.36 and 2.38 respectively. This could be due to some structural issues (such as transportation costs, competing workloads, and cultural practices) that limit

frequent clinic attendance. A total mean score of 2.44 suggests that social work interventions have a positive correlation with reproductive health service utilization, also implying some gap in maintaining regular attendance at all maternal healthcare services.

Qualitative Insight Supporting Quantitative Findings

Theme 1: Improved Antenatal Attendance "Many women now attend for antenatal care earlier because social workers follow up and remind them." (Key Informant Interviewee: Nurse/Midwife)

Theme 2: Increased Skilled Delivery Utilisation "Before, women delivered at home. Now with education and referrals, most of them choose the clinic." (Key Informant Interviewee: Senior Social Worker)

Theme 3: Challenges with Completing All ANC Visits "Some women begin doing ANC, but they may not complete the necessary number of visits because of

transport costs or other responsibilities." (Key Informant Interview: Community Health Extension Worker).

Theme 4: Family Planning Uptake Improved, but Reservations Persist "Women listen to social workers and agree to family planning, but some stop when their husbands complain." (Key Informant Interviewee: Community Leader)

Theme 5: Postnatal Care Remains Underutilized "We have fewer women coming back for postnatal care; after deliveries, most women go back home and don't come back unless it's an issue." (Key Informant Interviewee Reproductive Health Officer).

Research Objective 4: To identify barriers that hamper the efficacy of social work interventions towards ensuring reproductive health services utilization.

Each barrier was rated by the respondents using a three-point rating scale: 1. Not a barrier, 2. Moderate barrier, 3. Major barrier.

Table 5: Respondents' Assessment of Barriers to Effectiveness of Social Work Intervention (N = 380)

Barriers to Social Work Intervention Effectiveness	Not a Barrier n (%)	Moderate Barrier n (%)	Major Barrier n (%)	Mean	SD
1. Cultural factors that prevent women from accessing care	68 (17.9%)	92 (24.2%)	220 (57.9%)	2.40	0.75
2. Male Partner Resistance to Family Planning	56 (14.7%)	104 (27.4%)	220 (57.9%)	2.43	0.72
3. Financial constraints affecting clinic visits	50 (13.2%)	88 (23.2%)	242 (63.7%)	2.50	0.70
4. Long distances or lack of accessibility to health facilities	78 (20.5%)	118 (31.1%)	184 (48.4%)	2.28	0.74
5. Lack of sufficient numbers of social workers within the community	84 (22.1%)	112 (29.5%)	184 (48.4%)	2.26	0.75
6. Fear of side effects of family planning	66 (17.4%)	102 (26.8%)	212 (55.8%)	2.38	0.73
7. Community participation is low in social work meetings	92 (24.2%)	120 (31.6%)	168 (44.2%)	2.20	0.76

Source: field work, December, 2025

Total Composite Mean = 2.35   Total Standard Deviation = 0.73

Interpretation of Findings

These findings suggest that there are perceived obstacles on the part of the respondents in relation to the effectiveness of social work intervention on RH service utilization. The top-rated obstacles are listed below: Financial constraints (Mean = 2.50), Male partner resistance (M = 2.43), Cultural restrictions (Mean = 2.40).

These three factors were identified as significant barriers by more than 55% of respondents, indicating significant socio-economic and cultural hurdles in women's involvement with family planning, antenatal care, and skilled delivery attendance. Fear of side effects concerning family planning

(Mean = 2.38) was another significant factor, indicating the importance of improved social work counseling and myth-busting education.

Barriers rated comparatively lower included: Community participation is low (Average = 2.20), The shortage of social workers (Mean = 2.26). Although lower rated, these remain important barriers. The mean rating of 2.35 indicates that barriers are considered to be moderate to major, suggesting that, despite the work of social workers, structural and cultural barriers have persisted that have restricted access to reproductive health services.

Qualitative Insights Supporting Quantitative Findings

Theme 1: Cultural Norms Constraining Women' Autonomy

"There are also some communities where women are not allowed to visit the clinic without their husbands' or guardians' consent," she added. (KIIs, Social Worker)

Topic 2: Strong Male Resistance to Family Planning

"Most refusals come from husbands. Most husbands believe that family planning makes women unfaithful and weak." (KII, Community Leader, Male)

Theme 3: Financial Hardship Limits ANC and PNC Attendance "Some women want to come, but transport fares come first, followed by food, then visiting the clinic." (Field Interview, Reproductive Health

Theme 4: Distance and Difficult Terrain Reduce Service Uptake "In some families, the health facility is geographically far, and the problem gets worse during rain periods." (KII, Community Health Worker).

Thema 5: Fear of Side Effects of Family Planning "Listen there are stories of bleeding and infertility; despite counseling, reluctance exists." (KII, Female Social Worker).

1. Chi-Square Test of Association

Table 6: Chi-Square Test of Relationship Between Exposure to Social Work Interventions and Reproductive Health Service Uptake (N = 384)

Variable	χ^2 value	df	p-value	Decision
Engagement with social work intervention and reproductive health service utilization	18.643	2	0.000	Reject H_0

Chi-square analysis

The chi-square test shows that there is a significant relationship between exposure to social work intervention and the use of reproductive health services (χ^2 = 18.643, df = 2, p < 0.05). The results of the analysis indicate that women who had greater exposure to social work intervention were significantly associated with greater use of reproductive health services such as antenatal care, family planning, and delivery. Thus, the null hypothesis is rejected, as there is evidence to support that exposure to social work intervention impacted the use of reproductive health services.

Regression Analysis

Linear regression analysis was used to determine if being exposed to social work interventions is predictive of reproductive health service utilization.

Model Summary

Model	R	R^2	Adjusted R^2	Std. Error
1	**0.462**	**0.213**	0.210	0.521

ANOVA

Source	SS	df	MS	F	p-value
Regression	21.84	1	21.84	**80.31**	**0.000**
Residual	80.72	382	0.21		
Total	102.56	383			

Regression Coefficients

Predictor	B	Std. Error	t-value	p-value	Interpretation
Constant	1.204	0.152	7.92	0.000	Significant
Exposure to social work interventions	0.543	0.060	8.96	0.000	Significant predictor

Regression analysis

Regression A simple linear regression analysis was conducted to examine the prediction of the utilization of reproductive health services by exposure to social work interventions. The regression analysis showed that exposure to social work interventions is a significant predictor of the uptake of reproductive health services for women (β = 0.543, t = 8.96, p < 0.001). The regression coefficient (β = 0.543) showed that an increase of one unit of exposure to social work interventions is related to an increase of 0.543 units of uptake of reproductive health

services for women on the utilization measure. The predictive power of the model explained 21.3% of the total variance of uptake of services ($R^2 = 0.213$), indicating moderate predictive ability for exposure to social work interventions to increase uptake of women's reproductive health services.

Decision on Hypothesis H_1

Criterion	Result
p-value (Chi-square)	$0.000 < 0.05$
p-value (Regression)	$0.000 < 0.05$
Decision	Reject H_0
Conclusion	H_1 supported

Final Conclusion (H_1)

There is strong statistical evidence to indicate that exposure to social work interventions has a significant positive effect on the utilization of reproductive health services among women of reproducing age. Both the chi-square association and the regression equation indicate a strong relationship.

Hypothesis 2 Testing

H_2: Women participating in social work-based education and counseling programs are more likely to use family planning services than those not in such programs.

1. Chi-Square Test of Association

Table 6: Chi-Square Test on Social Work Led Education/Counselling and Family Planning Utilization (N=384)

Variable	χ^2 value	df	p-value	Decision
Social work–led education/counselling × Family planning utilization	22.974	2	0.000	Reject H_0

Interpretation (Chi-Square)

The result of the chi-square test shows that the relationship between the variables for being exposed to social work education and family planning service utilization is significant ($\chi^2 = 22.974$, df = 2, and $p < 0.05$). This result suggests that women who receive education sessions and counseling by social workers have a greater preference for family planning compared with women who have not received such experiences. This leads to the rejection of the null hypothesis.

2. Regression Analysis – Binary Logistic Regression

To further assess the predictive power of social work-led education and counselling on the use of family planning, a logistic regression analysis was performed.

Model Summary

Statistic	Value
2 Log likelihood	412.63
Cox & Snell R^2	0.128
Nagelkerke R^2	**0.176**

According to analysis, social work-directed education and counseling contribute 17.6% to the explanation of the variance in family planning utilization.

Regression Coefficients

Predictor	B	SE	Wald	p-value	Exp(B)	Interpretation
Constant	-1.102	0.241	20.84	0.000	0.33	Significant
Social work–led education and counselling	**1.034**	0.228	**20.53**	**0.000**	**2.81**	Significant

Interpretation (Regression) The findings indicate that women attending education and counseling programs on social work are: 2.81 times more likely to make use of family planning services compared with those who do not (Exp(B) = 2.81, p < 0.001). The relationship is statistically significant, and it confirms the prediction of the impact of social work education interventions regarding family planning.

Decision on Hypothesis H_2

Criterion	Result
p-value (Chi-square)	0.000 < 0.05
p-value (Regression)	0.000 < 0.05
Decision	Reject H_0
Conclusion	H_2 supported

Final Conclusion (H_2) There is clear statistical support for the fact that social work-led education/counseling is associated with an increased probability of women using family planning facilities. The chi-squared tests and results from the logistic regression support such associations.

Hypothesis 3 (H_3)

H3: Social work referral and advocacy efforts have a significant predictive ability regarding the use of antenatal and delivery care.

1. Chi-Square Test of Association

Table 7: Chi-Square Test for Social Work Referral/Advocacy and the Utilization of Antenatal and Skilled Delivery Care (N = 384)

Variable	χ^2 value	df	p-value	Decision
Decision Social work referral and advocacy × Uptake of antenatal and skilled delivery	19.812	2	0.000	Reject H_0

Interpretation (Chi-square)

The chi-square statistic shows that there is a significant relationship between social work referral/advocacy intervention and utilization of antenatal and skilled deliveries (χ^2 = 19.812, df = 2, p < 0.05). Women who receive support for referral and advocacy by social workers have a significantly higher probability of attending antenatal sessions and benefiting from skilled birth attendant services. Therefore, the null hypothesis can be rejected.

2. Regression Analysis

Multiple linear regression analysis was done to evaluate the predictive power of social work referral and advocacy intervention on the utilization of antenatal and skilled delivery care.

Model Summary

Model	R	R^2	Adjusted R^2	Std. Error
1	**0.489**	**0.239**	0.236	0.508

The model explains 23.9% variance for the usage of antenatal and skilled delivery services. Thus, there is a moderate relationship between the constructs.

ANOVA

Source	SS	df	MS	F	p-value
Regression	28.14	2	14.07	**54.53**	**0.000**

Residual	89.38	381	0.23
Total	117.52	383	

Regression Coefficients

Predictor	β	Std. Error	t-value	p-value	Interpretation
Constant	1.012	0.144	7.03	0.000	Significant
Social work referral	0.428	0.072	5.94	0.000	Strong predictor
Social work advocacy	0.314	0.067	4.69	0.000	Significant predictor

Interpretation (Regression)

Both factors, referral and advocacy interventions, are significant predictors of women's use of antenatal and delivery care.

A one-unit increase in social work referral is associated with a 0.428-unit increase in service utilization. One unit of advocacy is associated with an increase of 0.314 units of use. These outcomes show that the referral activities (connecting clients to health facilities, follow-up calls, home visits) and advocacy activities (sensitization of the community, negotiation with families, tackling barriers) of social workers positively influence maternal health service uptake.

Decision on Hypothesis H₃

Criterion	Result
p-value (Chi-square)	$0.000 < 0.05$
p-value (Regression)	$0.000 < 0.05$
Decision	Reject H_0
Conclusion	H_3 supported

Final Conclusion (H₃)

There is conclusive evidence, statistically, that referrals and advocacy by social workers contribute to helping increase antenatal attendance and delivery services utilization by women of reproductive age. Both chi-square and regression analyses confirm that such services contribute to better health outcomes.

Discussion

The aim of this research was to explore and analyze the impact of interventions conducted by social workers on reproductive health service use among women of reproductive age. Using a mixed research methodology, it has been established that women who are exposed to interventions such as health education, counseling sessions, and referral and advocacy activities conducted by social workers benefit immensely in terms of family planning services, antenatal care sessions, and institutional deliveries. The impact of social workers has now started to show potential in maternal and reproductive healthcare in Africa.

Interpretation of Key Findings

Participation in Social Work Interventions and Use of Reproductive Health Services

Descriptive analysis, chi-square test results, and regression analysis results showed that women who were exposed to social work activities reported significantly higher reproductive health services utilization. The regression analysis ($R^2 = 0.213$) revealed that social work exposure explains about 21.3% of the variance in reproductive health services utilization. Findings from this study confirmed Hypothesis 1 and validated findings in previous studies that showed social work-led community sensitization, support, and empowerment practices are positively associated with health-seeking practices (e.g., Olanrewaju et al., 2020; Akintola, 2018). Findings from the qualitative study validated this finding, where respondents reported that

social workers assist in clarifying myths and misconceptions of reproductive health and help in bridging health facility and community trust.

Social Work Education, Counselling and Family Planning Utilisation

The findings showed that women who participated in education and counseling facilitated by social workers had higher odds of utilizing family planning services, being 2.81 times more than their counterparts, thereby supporting Hypothesis 2. The hypotheses are supported by previous research conducted in Nigeria and other low- and middle-income nations, in which family planning choices are largely influenced by social workers (Wendo, 2017; Owoaje et al., 2019). The proposal by Gupta et al. (2021) that sociocultural changes, myths, and misconceptions are previous impediments to family planning in many African nations are supported by this study, as educational interventions by social workers removed those impediments in this research.

Referral, Advocacy Interventions and Antenatal

The findings also showed that the social work referral and advocacy procedures had significant predictive powers for the use of antenatal and skilled delivery, combining to account for 23.9% of the variance. Referral channels continue to play an essential role in the utilization of maternal health, especially where transport, cost, and patriarchal practices impede women's autonomy. The findings are in agreement that efficient channels of referrals, along with client-centered advocacy practices, lead to enhanced maternal health service utilization (Ogunjimi & Abubakar, 2019; Mbachu et al., 2020). From the qualitative perspectives, the respondents agreed that the key was in the follow-through by the social workers, which was found to mitigate maternal mortality in previous studies by facilitating health service utilization.

Socio-Demographic Factors and Exposure to Social Work Interventions

The findings of the study showed that socio-demographic variables, namely age, marital status, education levels, and income levels, play a significant role in determining the involvement of women with the intervention of social workers. Younger women with secondary and tertiary education levels and economically active women showed higher involvement with the social workers. The finding is in line with previous studies that showed that the impact of socio-economic empowerment and education is significant in improving the health-seeking behavior of individuals (Fotso et al., 2009; Doctor & Findley, 2017).

Views of Social Workers and Health Staff

Both social workers and health staff found social work essential in promoting reproductive health. The strong agreement shown in counseling, collaboration, dissemination of information, and culturally appropriate interaction reinforces the perception that social work, as an interdisciplinary practice, is valued. This supports existing evidence that collaborative or socially inclusive models of social work and public health practice produce better maternal health outcomes (Gehlert & Browne, 2019; Dube, 2021). The moderate level of agreement in overcoming cultural and religious impediments proposes that there is a need for increased efforts in overcoming cultural attitudes that are ingrained in society a fact documented in existing literature on reproductive health (Isiugo-Abanihe et al., 2020).

Comparison with Existing Literature

The results support and confirm regional and global studies emphasizing the importance of social work in maternal and reproductive health. It has been found in previous studies that: Family planning practices are enhanced by health education and psychosocial support offered by social workers (UNFPA, 2018). Advocacy and referral routes decrease delays in seeking and reaching care the first two delays in the Three Delays Model identified by Thaddeus and Maine in 1994. Community engagement by social workers increases trust within healthcare systems, especially in rural areas (Okoli et al., 2019).

The current study makes three contributions to existing literature: it provides new evidence from North-Central Nigeria to quantify the predictive influence of certain social work practices (education, counseling, referral, and advocacy) on maternal health care service utilization, and qualitative insights into how each practice functions in practice.

Implication of the Findings

Policy Implications

1. Include social workers in primary healthcare teams to increase the uptake of reproductive health services.

2. Institutionalize counseling programs initiated by social workers, especially in family planning and antenatal care, at a government or NGO level.

3. Enhanced community-level advocacy for dealing with cultural issues.

Practice Implications

1. Employ culture-sensitive communication approaches when interfacing with the hard-to-reach populations.

2. Enhance referral and follow-up systems for increased continuity of maternal care.

3. Formalize collaboration between the social workers, nurses, and CHEWs. This will improve the service delivery.

Theoretical Implications

The results demonstrate the relevance of: Health Belief Model (HBM), where counseling by the social worker impacts on perceived barriers and benefits. Social Support Theory, emphasizing the informative, emotional, and instrumental aspects of support as offered by social workers. Systems Theory, highlighting interdependence between social workers, healthcare providers, and the family/community in shaping reproductive health outcomes.

Contribution to Knowledge

This research contributes in the following ways:

1. Estimating the predictive power of different social work interventions on reproductive health care use.

2. Offering a mixed methodological viewpoint that is not often considered or done by Nigerian researchers studying reproductive health social work.

3. Determining socio-demographic tendencies regarding the reception of social work interventions.

4. Proving the relevance of incorporating referral, advocacy, and counseling services under frameworks of maternal health.

Conclusion

The impact of social work interventions in enabling the utilization of reproductive health services in women of reproductive age was the objective of the study. The study adopted a mixed-methods design and has attempted to give meaning to the quantitative results with the aid of qualitative perspectives on the role of social work in facilitating and encouraging reproductive health. The results of the study strongly suggest that the impact of social work intervention experiences has significant effects on the utilization of reproductive health services. The social work intervention experiences of the respondent community were found to be of great significance in education, counseling and referral, motivation and support, and reproductive health care in the qualitative study. The significance of the quantitative study is well established with the indication of the association between the social work intervention experiences and the use of the services in the regression models and the chi-square analysis. Furthermore, socio-demographic variables like age, education, and marital status also impacted the women's vulnerability for interaction with social work interventions, suggesting the requirement for differentiated responses according to the population. The views of the social

workers as well as the health staff confirmed the crucial role of the former in promoting RH through community mobilization, psychosocial support, and system advocacy. The study, in general, helps to fill the knowledge gap with respect to the important role of social work in improving reproductive health by validating it through empirical means, especially in a setting such as Nigeria, where disparities in the use of reproductive health services are evident. The combination of qualitative and quantitative data in one study enhances an understanding of how social work plays its part in efforts to utilize services. Lastly, in conclusion, it can be argued that the implementation of social work strategies plays an important part in improving reproductive health, and replicating such efforts in communities that are underserved can go far in reducing risks associated with reproductive health as well as cultivating healthier, empowered individuals within communities.

Recommendations

Based on the findings of this study and the connection that has been made between social work interventions and reproductive health care utilization, recommendations can be made as follows:

1. Strengthen Integration of Social Work into Reproductive Health Care Systems

There should be formal incorporation of professional social workers in primary and secondary health institutions by the Ministry of Health. This integration will ensure better service delivery through proper health education, counseling, psychosocial support, and monitoring. Social workers should be embedded in maternal and child health departments in order to offer social support to women throughout their reproductive life.

2. Enhance Community-Based Social Work Outreach Programs

Considering the tremendous effect brought about by education and counselling carried out by social workers, community outreach programs need to be intensified. Social workers need to engage in continuous awareness creation for communities, markets, schools, and religious institutions to create awareness about family planning, antenatal care, and attendance by skilled birth attendants. These interventions need to be designed to meet the needs of different age groups and social demographics.

3. Developing Targeted Interventions for Vulnerable Populations

Taking into consideration the role of socio-demographic factors in shaping vulnerability to social work intervention, strategies should be developed for less-educated, low-income, adolescent, and rural women. Cultural

competence-based strategies should be employed to overcome challenges in reproductive health services.

4. Enhance Referral and Advocacy Channels

It is clear from the study that referral and advocacy efforts are important predictors for the use of ante-natal and delivery care. Social workers should be provided with better training and administrative support to implement referrals effectively and advocate for better services at the facilities. Strong links should also be created between social workers at the community level, leaders, and health facilities.

5. Improve Capacity Building and Professional Training

Continuous capacity building sessions for social workers and health staff should be conducted related to issues of reproductive health, counseling practices, crisis interventions, and gender-sensitive methods. These trainings should include teamwork and collaborations for reproductive health improvements among social workers and healthcare professionals.

6. Improve Resource Allocation and Logistics Support

The government and development partners should provide enough resources for social workers to carry out their mandate. Such resources include transport for outreach programs, learning materials, offices in health centers, and ICT for tracking of clients. Enhancement of logistics support will ensure the scalability of social work programs.

7. Institutionalise Frameworks for Monitoring & Evaluation

A comprehensive monitoring and evaluation system must be developed to help track the efficacy of social interventions conducted by social workers. Regular data gathering and evaluation will provide results for scaling up effective programs and tweaking ineffective ones. Social workers must be trained on the proper use of monitoring and evaluation tools.

8. Foster Intersectoral Collaboration

Outcomes related to reproductive health could be optimized through intersectoral actions including social welfare, education, women affairs, and civil society organization sectors. Platforms for collaboration need to be strengthened for better harmonization of activities and data sharing and collective mobilization of communities towards improvements. Social workers need to be at the forefront of these collaborations.

9. Raise Public Awareness through Mass Media and Online Platforms

Social workers and health organizations must use radio shows, community theaters, social networking sites, and SMS forums to spread the message of reproductive health. Digital counseling approaches, mobile health projects, and various other initiatives should supplement person-to-person counseling, especially in the case of young women or in rural areas.

10. Encourage Further Research

Future research needs to explore the longitudinal outcome of social work interventions on reproductive health behaviors, identify the experiences of adolescents and primiparous women, and test emerging models of social work practice in reproductive health. More robust methods-related studies will improve our understanding and evidence base on which policies and practice decisions are supported.

Overall, these recommendations reflect the pressing necessity for social work to be positioned at the forefront of reproductive health care, enabling women of child-bearing age to benefit from appropriate information and access high-quality care.

Advancements in Knowledge

This work is significant to the existing body of knowledge on Reproductive Health and Social Work in Nigeria and Sub-Saharan Africa because of the following reasons: 1. Empirical Evidence Linking Social Work Interventions to Reproductive Health Service Utilization The study offers quantitative evidence that social work interventions of education, counseling, referral, and advocacy have a positive impact on women's use of family planning, antenatal care, and delivery services. The study extends the work that has previously been done in the area of the impact of social work interventions. 2. Defines Predictive Power of Referral & Advocacy in Uptake of Maternal Health Contrary to previous research that highlights general health education, this research has established that referral and advocacy approaches predict antenatal and delivery attendance significantly. Such a finding contributes significantly to theoretical knowledge and understanding related to social work approaches that produce the most favorable outcomes in areas of maternal health. 3. Mixed-Methods Integration Adds Depth to Social Work and Reproductive Health Research The combination of quantitative analysis with the insights from women, social workers, and members of the health sector gives this study a complete overview on how and why social work practices affect reproductive health behaviors. This is an area in which the study contributes to methodologies in social work. 4. Identification of Socio-Demographic Factors Influencing Exposure to Social Work Interventions The research adds to the body of knowledge on the influence of age, educational level, income, and married status on the role of social work support for women. The significance of

this is that it refines theories on health behaviour and social support, showing how structural variables influence health behaviour. 5. Enhances Theoretical Application to Reproductive Health Promotion By including the research into the Human Health Belief Model, Social Support Theory, and Advocacy Coalition Framework, it improves the discourse brought about by social work professionals impacting health-utilization behaviours. The theoretical integration describes a variety of frameworks that clarify the usage of reproductive health among resource-challenged settings. 6. Contextualises the Role of Social Workers within Nigeria's Reproductive Health System Specifically in the Nigerian context, the study offers new empirical evidence within the context of North-Central Nigeria. Such evidence is important in filling the gap that was previously unrecognized in social work scholarship within the broader continent of Africa. 7. Offers Actionable Recommendations for Policy and Programme Development The results provide a road map that can be used for the integration of social work practices in reproductive health through outreach work, counseling, referral services, and training. 8. Provides a Foundation for Future Studies In uncovering gaps, most importantly in relation to needing longitudinal studies, youth-focused analysis, and assessment of new intervention approaches, this research provides basis for future research endeavors to examine the implication of social work to mother/parent health through reproduction.

Overall Contribution The research contributes to existing knowledge in this area in that it has proved that social work interventions are key in ensuring the usage of reproductive health services. In this regard, the research has offered conclusive and well-grounded evidence in affirmation of this reality through utilizing mixed research methods.

References

Adelekan, B., & Omoregie, G. (2019). Barriers to reproductive health service utilization among women in Nigeria. *African Journal of Reproductive Health, 23*(2), 45–56.

Adewuyi, E. O., et al. (2018). Regional patterns and determinants of contraceptive use in Nigeria. *BMC Public Health, 18*(1), 1–15.

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE.

Ejezie, V., & Ogu, R. (2021). Cultural determinants of reproductive health behaviors among women in Nigeria. *Journal of Social Development in Africa, 36*(1), 89–104.

Janz, N. K., & Becker, M. H. (1984). The Health Belief Model: A decade later. *Health Education Quarterly, 11*(1), 1–47.

Kumar, P., & Gupta, R. (2017). Community health education and reproductive health outcomes in developing countries. *International Journal of Public Health, 62*(4), 457–466.

Mbarek, S., & Smith, J. (2021). Social work roles in maternal and reproductive health: A global review. *Journal of Social Work in Health Care, 60*(3), 201–220.

Mugo, C., & Owino, S. (2019). Community-based social work interventions and reproductive health outcomes in East Africa. *Health & Social Work, 44*(2), 112–122.

National Population Commission & ICF. (2021). *Nigeria Demographic and Health Survey 2021*. Abuja, Nigeria.

Okeke, C., & Ikeoha, C. (2020). Psychosocial barriers to contraceptive uptake in Nigeria. *Nigerian Journal of Health Promotion, 14*(2), 33–49.

Olaore, A. (2020). The emerging role of social workers in Nigerian health care. *Journal of Social Work Practice, 34*(4), 349–363.

Payne, M. (2020). *Modern social work theory* (5th ed.). Oxford University Press.

Richards, L., & Stanley, G. (2018). Social determinants of health and the role of social work. *Health & Social Care Journal, 22*(3), 301–315.

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs, 2*, 328–335.

Tshabalala, Z. (2020). Social work interventions and maternal health outcomes in South Africa. *African Journal of Social Work, 10*(2), 45–57.

World Health Organization. (2020). *Reproductive health strategy to accelerate progress*. WHO Press.